

Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

The same of the control of the contr	Report Filed By Candid Mark X)	ate Committee	Ec	bbyjst
Lobbyist Street Address		CK		
City ERIE	/ 000 /V	PA Zip Code	VE 16509	<u>- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1</u>
Type of Report (Place x under report type)	A CONTRACTOR OF THE CONTRACTOR			
1- 6 th Tuesday, 2- 2 nd Friday 3-30 Day Post 4 Pre-Primary Pre-Primary Primary P	6 th Tuesday 5- 2 nd Friday re- Election Pre- Election		CONTROL OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF T	ecial 30 Day st-Election
Date Of Election (MM/DD/YYYY) און (MM/DD/YYYYY) און Summary of Receipts and From Date	(ear 2017	Report	Termination Report	
Expenditures 11/28/2017				
A. Amount Brought Forward From Last Report B. Total Monetary Contributions and Receipts	§-2,283.99			
(From Schedule I) C. Total Funds Available	1,700.00		Pos.	
(Sum of Lines A and B) D. Total Expenditures	- 583,99			
(From Schedule III) E. Ending Cash Balance	5-583.99			
(Subtract Line D. from Line C) F. Value of In:Kind Contributions Received (From Schedule II)	\$ 0,00			~
G. Unpaid Debts and Obligations (From Schedule IV)	5 0.00		restant Activities 4. 9	
Part 1- If this is a Committee report, treasurer sign here	Affidavit Se		The Carlot	EALTH OF PENNSYLVAN
I swear (or affirm) that this report, including the attach Sworn to and subscribed before me this	ed schedules on paper, is to the	best of my knowledge and belief tru	e, correct and complete.	NOTARIAL SCAL
31 day of January 20 18		Jermes X 7.	SNR	ity of Erie, Erie County
Sonia Wilt		Signature of Person Submit	SOCKEMBER PEN	IMISSION EXPIRED AT ION OF NOTAR
My Commission expires 4-3-19	. 1	814 5:	72-4209	
MO. DAY YR.		Area Code Dayti	ime Telephone Number	
Part II- If this is a report of a Candidate's Authorized Co I swear (or affirm) that to the best of my knowledge and amended.	mmittee, candidate shall sign h d belief this political committee	ere. has not violated any provisions of th	e Act of June 3, 1937 (P.L.	1333, NO.320) as
Sworn to and subscribed before me this				
day of20	-	Signature of Candida	· 	•
Signature	-	Printed Name		
My Commission expires	. 4	, myses rediffe.		
MO. DAY YR.		Area Code Daytir	ne Telephone Number	
•	•			

SCHEDULE I Contributions and Receipts Detailed Summary Page

	21.25 - COS - C. ANDON	al decreasing water our		CONTRACTOR OF THE PARTY OF THE	とはくまたではいますななかだっている。	でんしい かんしん まつのごう	Control of the Auto	CRAP NOT ELECTRICAL STREET	Carle No pict	#171147 AST 20070 #	WALL FOR WALLEST	SECURE CONSTI	Color Committee	STREET, STREET	45/10/5/TW	JP-235 352*E-0./C	entra periodo en 1944.	AND COLUMN	A SAMPLE OF THE PARTY.	eraco sebilit	PARTICIPATE SERVICE	2000 100	Assessment the
3	ller Identific	ation Num	ber 2		数学 をおたまた	Series Series		લ્થા મુક્તી મહિલા	1.00	经产的 证	38 (S)	- 3-52°4	7. Sec.	1000	0.533	3 (35.55)			15	700		17.0	200
灣		100	300			Section 4.59	All Well you	2024Q-129°	2.5				100		8.		化硫酸矿 机泵	16.	1.55	100		14.75	
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Ð				pagalan P		中华工业的 。		2018年1月				4.1			all agent		4.00	100 45		9000	e je z to silit,	100	
-	THE PROPERTY OF THE BUILDING	STATE PROPERTY AND AND AND ADDRESS.	September 1	STATE OF THE PARTY.	at design as the state of the s	The second second	CONT. C. 100.	Stage of the Stage	-	5-2 F5215	-0.760% PM356	A453662-976	Company of	ALC: UNK	No. of Page 1	the state show	07/07/05/20 By 6/4	A CONTRACTOR	TO CHEST VALUE OF THE STATE OF	250	10,000,000,000,000	CONTRACTOR OF	AND THE RESERVED
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	(10 m m 1)	
1.Unitemized Contributions and Receipts \$50,00 or Less per Contributor		
Total for the reporting period (1)	\$	0,00
2. Contributions of \$50.01 to \$250.00 (From		
Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	0.00
All Other Contributions (Part B)	\$	The state of the s
Tible for the control of the control		0.00
Total for the reporting period (2)	\$	0.00
3. Contributions Over \$250.00 (From Part Cand Part D)		A STATE OF THE STA
Contributions Received from Political Committees (Part C)	Īŝ	
		0.00
All Other Contributions (Part D)	\$	0.00 1,700.00 1,700.00
Total for the reporting period (3)	\$	1700 00
4. Other Receipts Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
a. Outer necessary and rest parties (Fig. 1) (Fig. 1)		
Total for the reporting period (4)	\$	0.00
Total Monetary Contributions and Receipts during this reporting period (Add and	s	
enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report		0.00
Cover Page, Item B)		1,100,00

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00
Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer identification number				
	HELEN CHANGE WAS THE TANK OF THE STATE OF		Date (MM/DD/YYM)	Amount
Full Name of Contributing Committee	N	IA	Case Mind Dollar C	
House# Street Addres			Date [MM/DD/YYYY] S	
Cny	State	Zip Gode	Date [MM/DD/YYYY] \$	
Eull Name of Contributing			Date [MM/DD/YYYY] . \$	
Committee				
House # Street Addres	S		Date [MM/DD/YYYY] 5	
City 3	 State	Ир Code	Date [MM/DD/YYYY] 5	
Full Name of Contributing Committée	en er		Date [MM/DD/YYYY] S	
House 4 Street Addres			Date [MIV/DD/17YY] 5	
	State	Zip Code	Date (MM/DD/YYYY) 5	
		A STATE AND DATE.		
Full Name of Contributing Committee			Date [MM//DD/YYYY] \$	
House # Street Addres	is.		Date [MM/DD/YYYY] 5	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Eull Name of Contributing			Date [M/M/DD/YYYY] S	
Committee				
House # Street Addres	5	· · · · · · · · · · · · · · · · · · ·	Date [MW/DD/YYYY] S	
		2000 - 2000 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 -		(2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
City	State	Zip Code	Date [MW/DD/YYYY] \$	
Full Name of Contributing	Paragram (United St.		Date [MW/DD/WW/] S	
Cgmmittee House# Street Addres			Date [MW/DD/YYYY] \$	
City	State	Zip Code	Date [MW/DD/YYYY] \$	

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Full Name of Contributor	11	14	Date(Mivi/DD/\?Ye\) = 5	
House # Street Address		<u>/ </u>	Date (MM/Ob/YYYY) S	
City	State	Zip Code	Date [MM/OD/YYXY] \$	
Edil Name of Contributors			Date (MM/DD/yyyy) 5	
Höuse# Street Address			Date [MM/DD/YVYY] \$	
civ -	State	Zip Code :	Date (IVIN//DO/VYYY) \$	
Full Name of Contributor			Date (MINI/DD/Y/Y/Y) \$	
House # Street Address			Date [MM//DD/YYYY] = \$	
city	State	Zip Code	Date (MM/DD/YYYY) \$	
Fill: Vame of Contributor			Date (VIIVI/DB/A54414 5.4	
Hause II Street Address	e e e e e e e e e e e e e e e e e e e	•	Date [VM/(DD/YYYY)] \$	
Gity	State	Zip Code	Date (MM/DD/YYYY) \$	
Full Name of Contributor			Date (MM/DD/YYYY)	
House # Street Address			Date [MM/QD/YYYY] \$	i
cito	State	Zip Code	Date (MM/DD/YYYY) 5	
Full Name of Contributor			Date (N/M/DD/YYYY) \$	
House # Street Add/ess			Date (MIM/DE/YYYY) S	
dity.	State	Zip.Code	Date Injer/DD/Y/XVI \$1	and the second
				3.7748.5.1.3.13.4.4

PART C Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

	THE PARTY NAME OF THE PARTY NA			
Full Name of Contributing Contributing Contributing	NIA		Date (bilis/)DD/XXX1 5	
Rouse # Street Add	**************************************		Date (NM/DD/YYYY) - \$	
GRV	State Zip Co.	iė.	Date [MM/DB/WYY] S	
Pull dame of Contributing Committee .			Date (VM/DD/YYV) S	
Rouse Street Add			Date [MM/DD/YYYY] S	
Euklyame of	State Zip Co	Je	Osite (MM/DD/YYYY) 5 Date (MM/DD/YYYY) 5	
Comributing Committee House it Stress Add			Pare[piM/DD/Y444] 5	
Gity	State Zip.Co.		Date (MM/DD/YVVI). S	•
Full Name of Contributing Committee			Date(IMM/DD/YYY) \$	
House # Street Add	Geo		Date(IMM/DD/YCVX) \$	
CITY CONTRACTOR OF THE CONTRAC	State Zip Cot	ic.	Date [MM/DD/YYYV] 3	
Full Name of Contributing Committee			Date (IMM/DD/YYY)	
House # Street Add			Date [MW/DD/WWI] 5	
Clay	State Zip Cor	(c .	Date (MM/DD/YYYY) - \$ Date (MM/DD/YYYY) - \$	
Full Name of Contributing Committee . Flouse# Street Add			Dave (MIN/DD/YYYY) S	
House# Street Add	State Zip Cot	ie :	Date [nAM/DD/YYYY] 5	

PART D All Other Contributions

Over \$250,00

Use this Part to Itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C)

ERIE Employer Name	COMMITTEE TO ELECT JIM I MARIAWNA AVE State PA MOCODE 165	Bock 12/26/2017 1, 700,00 Date IMM/DID/WYY) 5 OG Date IMM/DID/WYYY) 5 OG Date IMM/DID/WYYY) 5 OG Date IMM/DID/WYYY) 5
Employer Mailing Address / Principal Place of Gusinese Edil Name of Contribution House I. Street / City Entitl over Mailing Address /	Aller Zip sode	Date (MM/DD/Y/Y) \$ Date (MM/DD/YY/Y) \$ Date (MM/DD/YY/Y) \$ Date (MM/DD/YYYY) \$
Principal Place of Business Full Mame of Contributor Rouse # Street # Gity Smooth Rame Smoo	State Via Code	Date [MIN/DD/YYYY] C Date [MIN/DD/YYYY] C Date [MIN/DD/YYYY] C CCCOpation
Principal Place of Ausiness Full Name of Costributor Ausine Shoet Au Inplace Name Incipal Place of Business	Arate Fin Cort	Date Inter/Object() C C C C C C C C C

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

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Eull Name Höuse# Str City,	eet Address	State:	A Zip Code	Date (MM/DD/YYYY) 5
Reseipt Destription Füll Name [House# Str	eecAddress		CGGE	
City Receipt-Description		State	Zip Gode	Date HVIM/DD/YYYY! \$5
Foll Name House # Str City Receipt Basishtion	eel: Address	State	Zip Code	_Date_[MM/DD/YYYY] \$
Full Name House # Stra City Receipt Description	et Apdress	State	Zip Code	Date: IIVIM/DD/AYAYI S
Full Name House # Stre Gity Receipt Description	et-Address	State	Zip Code	Date (MIM/DD/YYYY) \$
Full Name House 4 Stre City Receipt Description	et Address	State	Zip Code	Date [MM/DD/YYYY] \$

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

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			Consideration programmes and the constraint of t		
Full Name of	enti-butor	Λ	J/A	Date [MIVI/DD/XXXX+]	
House #	Střeet Addres			Date (WW/DD/YYYY)	\$
Gity		State	Zip Code	Date [MIM/DD/YVVV)	\$
Description of	Contribution				
Full Name of 0				Date [MM/,DD//YYY\]	
House #	Street Addres			Date[MM/DD/YYYY]	\$
Cliv		State	Zip-Code.	Date (MM/DD/XYYY)	\$
Description of	Contribution				
Full Name of C				Date (MW/DD/W/V)	
House#	Street Addres		15502 D/APPENDA gg - g- y - y - y - 4	Date [IMM/DD/XXXX]	
Gity Description of	C-At-libition	State	Zip Gode	Date [MM/DD/YYYY]	
Full Name of G				Date (MM/DD/AYA))	
House#	Street Addres			Date [MM/DD/YYYY]	34
City Description of	Carribution.	State	Zip Code	Date [MiVI/DD/XYXVI]	X-1
Full Name of C	¥			Date [MM/DB/WYY]	·
House #	Střeet Addres:			Date [MM/0D/YYYY]	
Gify Description of	Contribution	State	Zip Code	Date [WW/DD/YYYY]	

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

File (dentification Number:		
	en e	
Full Name of Contributor	NIA	Date IMM/DD/XXXXI
House # Street Address		Date [MIVI/QD/XXXX] \$5.
Gity	State Zip:Gode	Date [WW/DD/YYYY] \$
Employer Name		Occupation
Employer Wailing Address / Principal : Place of Business		Description of " Contribution
Full Name of Contributor.		Date (MM/DD/VYYY) \$
House # Street Address		Date [MM/DD/YXY] :
Git	State Zip Code	Date [VIM/DD/XYYX] \$
Employer Name		Occupation
Employer Malling Address / Principal & Place of Business		Description of Contribution
Full Name of Contributor		Date [MM/DD/YYXV] \$
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YVY] \$
Employer Name		Occupation
Employer Malling Address / Principal A Place of Business		Description of Contribution
Full Name of Contributor		Date (MM/ob/YYYY) 5

· Date (IVIVI/DD/YAYY)

Date (M/W/DD/Y/YY)

Occupation

Description of Contribution

Street Address

Employer Name

Employer Wailing Address / Principal Place of Business

State

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

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Files Rent Ricas (a.: Numbes		. See See See See See See See See See Se	to an analysis of the second second second second second	an magaziren era
				Name of the second
3.21 UNITEMIZEDIN KIND CONTRIBUTIONS RECEIVED VALUE OF SEC	Pod Sindess Per 70/A	periodologia.		
TOTAL for the reporting period (1)	\$	0		
2 OJNIKINO CONTRIBUTIONS RECEIVED VALUE OF \$50 01 TO \$250.	00 (EROMPARTE)			
TOTAL for the reporting period (2)	\$	0		
3. IN-KIND CONTRIBUTION: RECEIVED VALUE OVER \$250.00 (FROM	(PARI G)	and the second		
TOTAL for the reporting period (3)	\$	0		
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	\$	0		

Statement of Expenditures

	and the second of the control of the	 K. Berning Mandel & Constitution of the Control of th	St. A. A. Marcha, M. S. L. M. St., 1997.	医神经性胸膜中枢 电影的现在分词	建设于10年4月16日 - 1725年成年6月16日 - 1727年	化二进工 化电子磁电子 计自然	the property of the property of the second s	Programme Company and the Company of	and substituting the first transfer of the f
THE RESERVE THE PROPERTY OF TH									
shler den mealon									
	27789962237969636282444751								

	THE SAME SHALL SERVED A SHALL SERVED	
To Whom Reid	NIA	*Date (MM/DD/YYYY) \$
House # Street Address	// / /	Description of Expenditure
City)	State Zip Gode	
To Whom Paid		Date (MIN/DD/XXXI) \$
House # Street Address		Description of Expenditure
Gity	State Zip. Côde	
To Whom Paid		Date (MM/DD/XYYY) \$
House# Street Address		Description of Expenditure.
(Guy	State Zip Code	
To Whom Paid		date (MM/dd/\/\\\)
House # Street Address		Description of Expenditure
ASICVE E	State Zip — E Gode	
To Whom Paid		Date (MM/DB/XYY) \$
House # Street Address		Description of Expenditure
Gity/	State Zip Gode	
To Whom Paid		Date [MM/DD/YYY4] \$
House# Street Address		Description of Expenditure
City	State Zip Gode	
To Whom Páid 👵		Data (MM/QD/XYYY)
House # Street Address		Description of Expenditure
City	State Zip Code	
To Whom Paid		Date IMM/DD/YYYY) \$
House# Street Address	200 COLUMN (2009)	Description of Expenditure
City	State Zip Code	

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

			athering where the care	. Beken a sawar milikun inin ili suga mengangan pengangan kenangan kenangan berangan berangan berangan berang	<u> a serve po postante e en estado e e</u>	
Name of Creditor		A / / A				Salance of Belok
House #	Street Address	NIA		DATE DEBT INCURRED [MM/DD/YYYY]		
Gry Commence of the Commence o			State	Zip Gode		:
Description of Debt						
Name of Creditor	Street Address			DATE DEBT INCURRED		Salance of Debt
City			State	(WIW/DD/YYYY)		A. A.
Description of Debt (4)		· .		Code		
Name of creditor			<u>a deligi</u> a a a sana a		Outstanding	Salarice of Diebo
House#	Street Address			DATE DEBT INCURRED [WW/DD/Y-YYY]	S	
city	A SANTA	-	State	Zip Code		
Description of Debt.						
Name of Creditor House #	Street Address			DATE DEBT INCURRED.		alance of Debt.
Eitý			State	[MIN/DD/CYYY] Zip		
Description of Debt		·		Code		
Name of Creditor.					O ûtstanding B	alance of Debt
House #	Street Address			DATE DEBT INCURRED [IMIN/DD/YYYY)	5	
Gty.			State	Žip Code		,
Description of Dish :						
Name of Creditor House #	Freet Address			DATE DEBT INCURRED	Outstanding 8	alance of Debt
City				[I/W//DD/XYYY]		
Description of Debt			State	Zip Côde		